

**ProtectTexas™**  
Texas Department of Health  
**RETAIL FOODS DIVISION**

**PRG EXAMS**

BUDGET ZZ106  
FUND: 126  
  
LICENSE #:

**CERTIFIED FOOD MANAGEMENT PROGRAM  
EXAMINATION BOOKLET ORDER FORM**

Return both the completed application and fee made payable to the  
TEXAS DEPARTMENT OF HEALTH in the envelope provided or mail to:  
Texas Department of Health, P. O. Box 12008, Austin, Texas 78711-2008.  
You may visit our website at: [www.tdh.state.tx.us/bfds](http://www.tdh.state.tx.us/bfds)

**Note: Only TDH accredited Certified Food Management Programs may use this form to order exam booklets.**

<b>TYPE</b> of CFM Program:	(If New Program , write "NEW " )
_____ <b>Certification</b> ( 16 hour program plus a 75 question examination).	Current license #: _____
_____ <b>Recertification</b> ( 6 hour program plus a 50 question examination).	Current license #: _____

Name of Business Operating CFM Program: _____
Name of Designated CFM Program Sponsor or Designee: _____

**EXAMINATIONS ORDERED: (Please check type and quantity requested): Non-refundable Price \$17.00 each**

Certification Examination (English): Quantity: _____	@ \$17.00 each	Total: _____
Certification Examination (Spanish): Quantity: _____	@ \$17.00 each	Total: _____
Recertification Examination (English): Quantity: _____	@ \$17.00 each	Total: _____
Recertification Examination (Spanish): Quantity: _____	@ \$17.00 each	Total: _____
<b>ORDER TOTAL:</b> _____		

**SECURITY AGREEMENT STATEMENT BY DESIGNATED PROGRAM SPONSOR:** I do hereby agree to maintain in a secure manner all examination booklets and materials received from the Texas Department of Health (TDH) and to refrain from discussing, describing or duplicating any items contained therein. I understand and agree to the timely return of all examination booklets issued to me upon request of the TDH. I further understand that failure to comply with the terms of this agreement may constitute just cause for program review and/or require this department to take additional action, including revocation of the Certificate of Accreditation

**VERIFICATION:** I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 438 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

\_\_\_\_\_  
Program Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Sponsor Printed Name